

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER
NOV 05 2004

Inventor(s): Chyan

Case: 15-6-9

Serial No.: 09/648164

Filing Date: 8/25/2000

Examiner: Dickey

Group Art Unit: 2826

Title: ARCHITECTURE FOR CIRCUIT CONNECTION OF A VERTICAL
TRANSISTOR

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D. C. 20231

SIR:

PETITION FOR EXTENSION OF TIME

Applicant(s) petition(s) the Commissioner of Patents and Trademarks to extend the time for response to the action dated 5/05/04 for 3 (Three) months from 8/05/04 to 11/05/04.

Please charge Agere Systems, Inc. Deposit Account No. 501735 in the amount of \$980.00 to cover the cost of the extension. Any deficiency or overpayment of the required fee should be charged or credited to Deposit Account No. 501735 as

required to correct the error. Duplicate copies of this petition are enclosed.

11/16/2004 AJOHNS02-19300000

01 FC:1253

980.00 DA

Respectfully Submitted,

By: Ferdinand M. Romano
Ferdinand M. Romano
Reg. 32,752
Attorney for Applicant

Date: 5 November 2004

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

01618164

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	31 minus 20 =	11
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus 31	=
Independent	3	Minus 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

BEST AVAILABLE COPY

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	1408
X78=	56
+260=	
TOTAL	288 1044

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	

BEST AVAILABLE COPY